

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10568542

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		
3		5		1		
4		5		1		
5		5		1		
6		5		1		
7		5		1		
8		5		1		
9		5		1		
10		5		1		
11		5		1		
12		5		1		
13		5		1		
14		5		1		
15	1		1			
16	1		1			
17		5		1		
18		5		1		
19		5		1		
20		5		1		
21		5		1		
22		5		1		
23		5		1		
24		5		1		
25		5		1		
26		5		1		
27	1		1			
28		5		1		
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30		5		1		
31		5		1		
32		5		1		
33		5		1		
34		5		1		
35		5		1		
36		5		1		
37	1		1			
38			1			
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46						
47						
48						
49						
50						
TOTAL IND.			5			
TOTAL DEP.			33			
TOTAL CLAIMS			38			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						